



Toddler Fun Time 2018

This half hour program is geared for children ages **1 to 3** and is held in the Recreation Center in a four week session. Each week the children will have a brief circle time, be introduced to arts & crafts to build their fine motor skills before pre school. Children must be accompanied by an adult and must be 1 to 3 years of age by the start of the program. No exceptions. We accept 10 children per class. Registrations will be taken on a first come first serve basis. In order to register, this form must be completely filled out and payment must be made. Proof of residency and / or birth certificate maybe required. A minimum of five (5) children is required to begin the class. Cash, credit or personal checks made payable to "Middlesex Rec. Dept." are accepted as payment.

Mondays 5:30PM-6:00PM



- Residents: \$30 per session
- Non-residents: \$40 per session

Fee is based upon participant's residence.

Three sessions are offered in 2018. Child must be 1 to 3 years old by the session (s) start date.

SESSION 1

September 10
September 17
September 24
October 1

SESSION 2

October 15
October 22
October 29
November 12



TODDLER FUN TIME 2018

Please print clearly in ink and return to the Recreation Department during office hours or mail to: Middlesex Recreation Dept., 1200 Mountain Ave., Middlesex, NJ 08846. Please make checks payable to "Middlesex Rec Dept." We also accept cash.



Child's Name _____ Age _____

Address _____

City/State/Zip _____ DOB ____/____/____



Parent Name: _____ cell# _____

Parent Name: _____ cell# _____

Contact Email _____

Person/People bringing child to class (use back for more names):



_____ relationship to child _____

_____ relationship to child _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of:



Emergency contact _____ phone# _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from program without reimbursement of fees paid.



Parent signature _____ Date ____/____/____

OFFICE USE ONLY—DO NOT WRITE IN BOX



PAID FOR:

Session 1 Recpt# _____ Date _____

Session 2 Recpt# _____ Date _____